

<i>SERFF Tracking Number:</i>	<i>MALF-125999159</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>John Hancock Life Insurance Company (U.S.A.)</i>	<i>State Tracking Number:</i>	<i>41920</i>
<i>Company Tracking Number:</i>	<i>STP APP.09</i>		
<i>TOI:</i>	<i>A03I Individual Annuities - Deferred Variable</i>	<i>Sub-TOI:</i>	<i>A03I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>E-App (Jan, 2009)</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: John Hancock Life Insurance Company (U.S.A.)

Product Name: E-App (Jan, 2009)

SERFF Tr Num: MALF-125999159 State: ArkansasLH

TOI: A03I Individual Annuities - Deferred
Variable

SERFF Status: Closed

State Tr Num: 41920

Sub-TOI: A03I.002 Flexible Premium

Co Tr Num: STP APP.09

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Nancy Leto, Kathy
Dowdell

Disposition Date: 01/29/2009

Date Submitted: 01/26/2009

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Form is exempt
from prior approval in our domicile state of
Michigan per Order No. 97-010M

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 01/29/2009

State Status Changed: 01/29/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The attached application is hereby submitted for your review and approval. This is a new form and does not replace any form previously approved by your Department. Please note the form is exempt from prior approval in our domicile state of Michigan per Order No. 97-010M, as reported in Michigan Insurance Bulletin No. 97-3. This submission contains no unusual or possibly controversial items from the standpoint of normal company or industry standards.

SERFF Tracking Number: MALF-125999159 State: Arkansas
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 41920
Company Tracking Number: STP APP.09
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: E-App (Jan, 2009)
Project Name/Number: /

This form will be used for electronically-submitted variable annuity business. The client-specific data and product-related choices made by the client will be completed electronically. A hardcopy of the completed application will then be produced for signatures. The submitted form represents the hardcopy of the final printed form, subject only to minor variations in color, paper stock, duplexing, fonts and positioning. (Note: for business that is NOT submitted electronically, other previously-approved applications will continue to be used.)

The form will be used for electronic business submitted by representatives of broker-dealers who have selling agreements with John Hancock Life Insurance Company (U.S.A.) and John Hancock Distributors, LLC. Registered representatives are appointed by John Hancock (U.S.A.). The Application will be available for use upon systems implementation or approval by your jurisdiction, if later.

This application will be used to apply electronically for the previously approved contracts listed below or with contracts subsequently approved in your states.

FORM NUMBER ORIGINAL APPROVAL DATE

VENTURE.100* 09/18/00*

VENTURE-VA.AW.07 &

VENTURE-VA.B.07 8/17/07

*The contract was originally approved under our prior company name and most recently, under John Hancock Life Insurance Company (U.S.A) with our name change submission, effective January 01, 2005.

The application contains variable bracketed items for which we have provided details in the statement of variability also included with this submission. The bracketed items allow for flexibility based on individual contract owner, or by class of owner. As such, the information provided within the brackets in these forms represents sample specifications. Any future modifications to the bracketed items would be based on the variability described in the statement of variability. Any modifications by class of owner would be determined by us and would be made on a prospective basis only in a manner that is not unfairly discriminatory, subject to the laws of your state.

Each of the base contracts with which this application may be used is a security subject to federal regulation and must comply with the requirements of the Securities and Exchange Commission. Therefore, this form is exempt from readability requirements as intended for use with forms subject to the Federal SEC jurisdiction.

SERFF Tracking Number: MALF-125999159 State: Arkansas

Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 41920

Company Tracking Number: STP APP.09

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Product Name: E-App (Jan, 2009)

Project Name/Number: /

State certifications and/or filing fees, if any are also being submitted.

Company and Contact

Filing Contact Information

Nancy Leto, nburns@jhancock.com
 601 Congress St. (617) 663-3720 [Phone]
 Boston , MA 02210-2805 (617) 663-3150[FAX]

Filing Company Information

John Hancock Life Insurance Company CoCode: 65838 State of Domicile: Michigan
 (U.S.A.)
 601 Congress St. Group Code: Company Type: Life
 Boston, MA 02210-2805 Group Name: State ID Number:
 (617) 663-3000 ext. [Phone] FEIN Number: 01-0233346

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: 1 form X \$20.00 per form for form filed separately from contract.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (U.S.A.)	\$20.00	01/26/2009	25257686

SERFF Tracking Number: MALF-125999159 State: Arkansas
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TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: E-App (Jan, 2009)
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/29/2009	01/29/2009

SERFF Tracking Number: *MALF-125999159* *State:* *Arkansas*
Filing Company: *John Hancock Life Insurance Company (U.S.A.)* *State Tracking Number:* *41920*
Company Tracking Number: *STP APP.09*
TOI: *A03I Individual Annuities - Deferred Variable* *Sub-TOI:* *A03I.002 Flexible Premium*
Product Name: *E-App (Jan, 2009)*
Project Name/Number: */*

Disposition

Disposition Date: 01/29/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MALF-125999159 State: Arkansas

Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 41920

Company Tracking Number: STP APP.09

TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: E-App (Jan, 2009)

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Certifications		Yes
Form	Application		Yes

SERFF Tracking Number: MALF-125999159 State: Arkansas

Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 41920

Company Tracking Number: STP APP.09

TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: E-App (Jan, 2009)

Project Name/Number: /

Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	STP	Application/ Application	Initial		0	e-app (J Doe-Bracketed).pdf
	APP.09	Enrollment Form				

Address: [P.O. Box 9506, Portsmouth, NH 03802-9506]
Overnight mailing address: [164 Corporate Drive, Portsmouth NH 03801-6815]
Home Office: Bloomfield Hills, MI Phone: [800-334-1029]
Web Address: [www.jhannuities.com]

John Hancock Life Insurance Company (U.S.A.)

Product: [_ VENTURE III _____] Purchase Payment \$ _ 2,000 _____

Application solicited in the state of ____ MA _____ 1234567
Client Brokerage Account Number

Owner ☒ Male ☐ Female ☐ Trust/Entity

____ John Q. Doe _____
Owner's Name (First, Middle, Last or Name of Trust/Entity)

____ 1 Main St. _____
Mailing Address

Residential Address (Required if different from mailing or address is PO Box)

____ Anytown, MA 02222 _____
City, State, Zip

____ 03/17/1962 _____
Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number

____ jdoe@myemail.com _____
E-Mail Address

Co-owner ☐ Male ☐ Female ☐ Trust/Entity

Co-owner's Name (First, Middle, Last or Name of Trust/Entity)

Mailing Address

Residential Address (Required if different from mailing or address is PO Box)

City, State, Zip

Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number

E-Mail Address

Annuitant ☒ Male ☐ Female

____ John Q. Doe _____
Annitants Name (First, Middle, Last or Name of Trust/Entity)

____ 1 Main St. _____
Mailing Address

Residential Address (Required if different from mailing or address is PO Box)

____ Anytown, MA 02222 _____
City, State, Zip

____ 03/17/1962 _____
Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number

____ jdoe@myemail.com _____
E-Mail Address

Co-annuitant ☐ Male ☐ Female

Co-annuitant's Name (First, Middle, Last or Name of Trust/Entity)

Mailing Address

Residential Address (Required if different from mailing or address is PO Box)

City, State, Zip

Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number

E-Mail Address

ANNUITY PAYMENTS AND TERMINATION VALUES PROVIDED BY THIS CONTRACT ARE VARIABLE AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNT.

Beneficiary/ies

(Total % of proceeds to primary beneficiaries must equal 100%)

If there are co-owners, the surviving owner is the primary beneficiary. If you wish to restrict the death payment options for your beneficiary(ies), please complete the separate Restricted Beneficiary Form. Contingent Beneficiary(ies) receive proceeds only if primary beneficiary(ies) pre-decease owner.

Role	Beneficiary's Name	% of Proceeds	Date of Birth	Gender	Social Security No.	Relationship to Owner
P	Jane J. Doe	100%	07/15/1965	F	444-44-4444	Spouse

Contract Type/ Source of Funds

☐

Non-Qualified

☒

Qualified

Contribution for Tax Year 2009

Ownership Type Individual Plan Type Traditional IRA

Direct Payment

Check \$ 2,000
(Payable to John Hancock Life
Insurance Company (U.S.A.))

Wire \$

Transfer/Estimated Amount \$

- ☐ Qualified Direct Transfer/Rollover
☐ Non-qualified 1035 Exchange
☐ Mutual Fund/CD/Other Redemption

Death Benefit

(Available at the time of application and cannot be canceled once elected. Age restrictions may apply.)

☒

Annual Step-Up Death Benefit

Optional Withdrawal Benefit

(Available at the time of application and cannot be canceled once elected. Age restrictions may apply.
Investment restrictions apply.)

☒

Income Plus for Life - Joint Life

Remarks

State Disclosures

For Applicants in all states except [AK, AZ, CO, DE, DC, FL, ID, IN, KY, ME, NE, NJ, NM, OH, OK, OR, PA, TN, VA, WA]: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

[For AK Applicants: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

For AZ Applicants: On written request, the Company is required to provide you, within a reasonable time, factual information regarding the benefits and provisions of your annuity contract. If, for any reason you are not satisfied with your annuity contract, you may return it within ten days, OR WITHIN THIRTY DAYS IF YOU ARE SIXTY-FIVE YEARS OF AGE OR OLDER ON THE DATE OF THE APPLICATION FOR YOUR ANNUITY CONTRACT, after the contract is delivered and receive a refund of all monies paid. For your protection, state law required the following statements to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

For CO Applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For DE, ID, IN, OK Applicants: Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a statement of claim containing false, incomplete, or misleading information is guilty of a felony.

For DC Applicants: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For FL Applicants: Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For KY, NE, PA Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For MD Applicants: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For ME, TN, VA, WA Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

For NJ Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For NM Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

For OH Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For OR Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.]

Military Sales Is the annuitant or owner an active member of the U.S. Armed Forces? ☐ Yes ☐ No

If you answered "yes", please complete and attach a "Military Personnel Financial Services Disclosure" form (available on www.jhannuities.com). This product is not specifically designed for or marketed to active duty military personnel. Applications not complying with our military sales procedures will not be accepted.

[Required For California Owner(s)/Annuitant(s) 60 or older only

Under California law, there is a 30 Day Right to Review your contract. The amount that will be returned to you if you cancel your Contract during this 30-day period will depend on the election below which designates where your Payments will be allocated during the Right to Review period. Please check one of the following boxes. **If you do not check one of these boxes, we will allocate your Payment to the Money Market portfolio.**

☐ I/We wish to immediately invest in the variable Investment Options elected in Initial Investment section. If my/our contract is canceled within 30 days, the Contract Value will be returned to me/us.

☐ I/We authorize the company to allocate my Payment to the Money Market portfolio for a period of 35 calendar days. On the 35th day (or next business day) transfer my Contract Value to the investment selection(s) elected in Initial Investment section. If my/our contract is canceled within 30 days, Payments will be returned.]

Acknowledgments

Statement of Applicant: I/We agree that the Contract I/we have applied for shall not take effect until the later of: (1) the issuance of the Contract, or (2) receipt by the Company at its Annuity Service Office of the first payment required under the Contract. The statements herein are true and complete to the best of my/our knowledge and belief and the information is correctly recorded.

☐ YES

☒ NO

Does the annuitant or applicant(s) have any existing annuity or insurance policies?

☐ YES

☒ NO

Will the purchase of this annuity replace or change any other insurance or annuity? *If "YES", please complete below and attach transfer paperwork and any necessary state replacement forms*

Issuing Company

Contract Number

☐ Annuity

☐ Life Insurance

Issuing Company

Contract Number

☐ Annuity

☐ Life Insurance

I/we understand that unless I/we elect otherwise, the Maturity Date will be the later of the 1st of the month following the Annuitant's 90th birthday, or 10 years from the Contract Date (IRAs and certain qualified retirement plans may require distributions to begin by age 701/2).

Alternate Maturity Date

I/We acknowledge receipt of the current prospectus and understand that annuity payments and other values provided by the contract applied for, when based on the investment experience of the variable investment options are variable and are not guaranteed as to a fixed dollar amount.

I have read the applicable fraud statement contained is the State Disclosures section.

I certify my status as a citizen of the United States of America or a resident alien of the United States of America.

X

Signature of Owner

City, State

Date (mm/dd/yyyy)

X

Signature of Annuitant

City, State

Date (mm/dd/yyyy)

X

Signature of Co-owner (if any)

X

Signature of Co-annuitant (if any)

Agent Information

A. Agent Certification

☐ YES

☒ NO

Does the annuitant or applicant have existing individual life insurance policies or annuity contracts?

☐ YES

☒ NO

Will this contract replace or change any existing life insurance or annuity in this or any other company?

B. Option[☐ Option A ☒ Option B1 ☐ Option B2 ☐ Option C]

C. Agent Information

X

Signature of Primary Agent

Printed Name of Primary Agent

Percentage %

Broker/Dealer Firm

State License ID

Agent's E-Mail Address

Broker/Dealer Rep Number

Agent's Telephone Number

Name of Agent #2

Percentage %

Name of Agent #3

Percentage %

Name of Agent #4

Percentage %

Name of Agent #5

Percentage %

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TOI: *A03I Individual Annuities - Deferred Variable* *Sub-TOI:* *A03I.002 Flexible Premium*
Product Name: *E-App (Jan, 2009)*
Project Name/Number: */*

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

Satisfied -Name: Application 01/21/2009

Comments:

Application is attached in the Forms Schedule tab for approval.

Review Status:

Satisfied -Name: Statement of Variability 01/26/2009

Comments:

Attachment:

Stmnt of Variability.pdf

Review Status:

Satisfied -Name: Certifications 01/26/2009

Comments:

Attachments:

AR - Certification Reg 6 (Variable Contracts).pdf

AR - Certification.pdf

**STATEMENT OF VARIABILITY
APPLICATION FORM #STP APP.09**

This application is completed electronically to reflect the personal data unique to each owner, as well as the owner's selections from the choices made available by the Company at the time of application based on Class of Owner.

Below is a description of the variable bracketing contained in this application.

Variations – Company-Specific Data

The following items may be revised by the Company as necessary should changes to this Company-specific data occur in the future.

- P.O. Box address for the Company
- Overnight mailing address for the Company
- Company toll-free telephone number
- Company web address

Variations by Class of Owner

The following items may vary by Class of Owner. A class is defined as a group of owners with substantial commonality, such as date of issue, distribution channel through which the plan is offered, or by amount of initial deposit. Multiple variations may be available concurrently. For instance, the Investment Allocation options may differ between Distribution Channel A and Distribution Channel B. Class is determined by the Company on a non-discriminatory basis.

- **Product** –may vary by distribution channel.
- **Contract Type/Source Funds** – Below are the Ownership Type and Plan Type variations currently available. We may add or delete types based on the Company's determination as to its target markets.
 - Ownership Type:
 - Individual
 - Trust
 - Corporation
 - UMG/UTMA
 - Charitable Remainder Trust
 - Other
 - Plan Type:
 - Traditional IRA
 - Roth IRA
 - SEP IRA
 - SIMPLE IRA
 - Inherited/Beneficiary IRA
 - 403(b) Non-ERISA
 - 403(b) ERISA
 - Individual 401(k)
 - Other
- **Death Benefit** – This field will appear when an optional Death Benefit is available. The current optional Death Benefit is the Annual Step-Up Death Benefit rider. We may add optional riders approved subsequently or delete an approved optional benefit that will no longer be offered. Only the option chosen by the owner will be printed on the completed application.

**STATEMENT OF VARIABILITY
APPLICATION FORM #STP APP.09**

- **Optional Withdrawal Benefit** – This field will appear when an Optional Withdrawal Benefit is available. The Optional Withdrawal Benefits currently available are listed below. We may add optional riders approved subsequently or delete an approved optional rider that will no longer be offered. Only the option chosen by the owner will be printed on the completed application.
 - Income Plus for Life
 - Single Life
 - Joint Life
 - Principal Plus for Life plus automatic annual step-ups
- **Initial Investment Allocations** – The owner will choose the initial allocations from the investments we make available. The current investment options are shown below. We may add or delete investment options at any time, as permitted by applicable law. Only those investment options chosen will be printed on the completed application.

Available Investment Options (if an Optional Withdrawal Benefit is NOT elected):

MFC Global Investment Management (U.S.A.) Ltd:

Lifestyle Aggressive
Lifestyle Growth
Lifestyle Balanced
Lifestyle Moderate
Lifestyle Conservative

Variable Portfolios:

American Funds American Asset Allocation
American Funds American Blue Chip Income & Growth
American Funds American Bond
American Funds American Fundamental Holdings
American Funds American Global Diversification
American Funds American Global Growth
American Funds American Global Small Cap
American Funds American Growth
American Funds American Growth-Income
American Funds American High-Income Bond
American Funds American International
American Funds American New World
Capital Guardian Income & Value
Capital Guardian U.S. Large Cap
Davis Financial Services
Davis Fundamental Value
DeAM Real Estate Securities
Dimensional Disciplined Diversification
Franklin Mutual Shares
GMO International Core
Jennison Capital Appreciation
Legg Mason Funds Management Core Equity
Lord, Abbet All Cap Value
Lord Abbet Mid Cap Value
Marsico International Opportunities
MFC GMI¹ American Fundamental Holdings
MFC GMI¹ Franklin Templeton Founding Allocation
MFC GMI¹ Index Allocation
MFC GMI¹ Mid Cap Index

MFC GMI¹ Pacific Rim
MFC Global U.S. High Income
MFC Global U.S. Small Cap Intrinsic Value
Munder Capital Small Cap Opportunities
PIMCO Global Bond
PIMCO Total Return
Pzena Classic Value
RCM/T. Rowe Price Science & Technology
T. Rowe Price Blue Chip Growth
T. Rowe Price Capital Appreciation Value
T. Rowe Price Equity-Income
T. Rowe Price Health Sciences
T. Rowe Price Small Company Value
Templeton International Small Cap
Templeton Global
Templeton International Value
UBS Global AM Global Allocation
Van Kampen Value
Wellington Management Core Allocation Plus
Wellington Management Investment Quality Bond
Wellington Management Mid Cap Intersection
Wellington Management Mid Cap Stock
Wellington Management Natural Resources
Wellington Management Small Cap Growth
Wellington Management Small Cap Value
Western Asset High Yield
Western Asset Strategic Bond
Western Asset U.S. Government Securities

¹ MFC Global Investment Management (U.S.A.) Limited

Money Market:

MFC GMI¹ Money Market

Dollar Cost Averaging:

6 Month DCA
12 Month DCA

STATEMENT OF VARIABILITY APPLICATION FORM #STP APP.09

If an optional Guaranteed Minimum Withdrawal Benefit Rider is elected by the Owner, in lieu of the individual funds shown above, the available investment options will be a choice of Portfolios and Models that are periodically rebalanced.

Available Investment Options (when an Optional Withdrawal Benefit is elected):

MFC Global Investment Management (U.S.A.) Ltd:

Lifestyle Growth
Lifestyle Balanced
Lifestyle Moderate
Lifestyle Conservative

Money Market:

MFC GMI¹ Money Market

Dollar Cost Averaging:

6 Month DCA
12 Month DCA

Variable Portfolios:

American Funds American Asset Allocation
American Funds American Fundamental Holdings
American Funds American Global Diversification
Franklin Templeton Founding Allocation
MFC GMI¹ Index Allocation Trust
MFC GMI¹ Money Market
Dimensional Disciplined Diversification
T. Rowe Price Capital Appreciation Value
Wellington Management Core Allocation Plus

¹MFC Global Investment Management (U.S.A.) Limited

Asset Allocation Models:

100% Balanced: Growth & Income

5% American Global Small Cap
5% American Growth
5% Templeton Global
5% Van Kampen Value
15% Franklin Mutual Shares
15% American Blue Chip Income & Growth
10% American Growth-Income

25% American Bond
15% Wellington Investment Quality Bond

100% Balanced Toward Growth

5% American Global Small Cap
10% American growth
10% Templeton Global
5% Van Kampen Value
20% Franklin Mutual Shares
15% American Blue Chip Income and Growth
10% American Growth-Income

15% American Bond
10% Wellington Investment Quality Bond

100% Growth

5% American Global Small Cap
5% Wellington Mid Cap Stock
15% American Growth
10% Templeton Global
5% Van Kampen Value
20% Franklin Mutual Shares

15% American Blue Chip Income and Growth
15% American Growth-Income
10% American Bond

• **Optional Dollar Cost Averaging Instructions**

- Start Date – currently this field is defined in the electronic system as mm/dd/yyyy. In the future the system will accept a value of simply dd.
- Source Fund - Source Fund options may be added or deleted in accordance with changes in the Available Investment Options listed above. Listed below are the current Source Fund options.
 - 6 month DCA
 - 12 month DCA
 - Money Market Fund
 - Other Source Fund
- Destination Funds –The destination funds will be chosen from the Available Investment Options. Only those investment options chosen will be printed on the completed application

- **State Disclosures** - The listing of exception states is bracketed to allow us to add or delete states that require a Fraud Warning notice that differs from the generic notice, based on individual state requirements. The state-specific notice area is also bracketed to allow for the addition or deletion of state-specific fraud warnings as state requirements change in the future.
- **Notice for California owners/annuitants age 60 or older** – This may be revised as necessary to comply with future changes in California law.
- **Agent Information** – B. Option – we may add or delete options at any time.

ARKANSAS CERTIFICATION

**Rule and Regulation 6
(Variable Annuity Contracts)**

John Hancock Life Insurance Company (U.S.A.)

Form Number(s): STP APP.09

On behalf of the John Hancock Life Insurance Company (U.S.A.) (the "Company"),
I hereby certify that Rule and Regulation 6 has been reviewed and the Company
is in compliance with the provision thereof.



Kathryn Dowdell
Director – Product Compliance

Signed at: Boston, Massachusetts

Date: 1/26/2009

ARKANSAS CERTIFICATION

John Hancock Life Insurance Company (U.S.A.)
Form Number(s): STP APP.09

Having carefully reviewed the above numbered form, we hereby certify, to the best of our knowledge, information and ability, that:

1. Said form conforms in all aspects to the provisions of Arkansas Rule and Regulation 19;
2. Said form conforms in all aspects to the provisions of Arkansas Rule and Regulation 49;
3. Said forms are exempt from ACA 23-80-206 (Flesch) due to the fact that such forms are securities, subject to federal regulations and must comply with requirements of the Securities and Exchange Commission.
4. Said form conforms in all aspects to the provisions of ACA 23-79-138 (Consumer Information Notice). *NA for this rider filing. The required Consumer Information Notice is attached to the previously-approved base contracts with which these Riders will be issued.*
5. Said form contains no provision or provisions previously disapproved or called to our attention by the Insurance Department of Arkansas, except as follows: NONE



AVP, Product Management and Compliance.

Signed at: Boston,
Massachusetts

Date: 1/26/2009